BONT-11-18

| (  |                      |                 | I DOARD           | DECISION REVIEW ROUT  | LIK                        |  |
|--|----------------------|-----------------|-------------------|---|----------------------------|--|
| File No.:                                  | 54-30053 (A)         | mel             |                   | Circle appropriate WRIA:  County: Benton  |                            |  |
| Author/Date:                               | Huttan               |                 |                   | TRIBE   | WRIA                       |  |
| Y:   |                      |                 |                   | Colville Confederated Tribes  | 49 50 51 52 53 58 60 61    |  |
|  | oint>WR Docum        | ments           |                   | Yakama Nation   | 29 30 31 32 33 37 38 39 40 |  |
|  |                      |                 |                   | Both Tribes   | 45 46 47 48                |  |
| SharePoint >                               |                      |                 |                   | PROTESTS? Yes No  Certified CCs: (Check application   | signatures)                |  |
|  |                      |                 |                   |   |                            |  |
| Staff                                      | Function             | Date            | Initial           |   |                            |  |
| Glenda:                                    | Internet & Letter    | 3be             |                   |   |                            |  |
| Sandy:                                     | WRTS                 | 3/20/12         | 05                |   |                            |  |
| Debra:                                     | GWIS (initial/date): | · NK 3          | 12/12             |   |                            |  |
| Permit                                     | ·WTWG Summary        |                 |                   | CCs to anyone else? (Please list con If more room is needed, use back of page of the page | ge., \(\sigma\) \(\sigma\) |  |
| Writer:                                    |                      |                 |                   |   |                            |  |
| Hydrogeo:                                  |                      |                 |                   |   |                            |  |
| 30-Day Ext<br>Letter                       |                      |                 |                   |   |                            |  |
| 45-Day ends:<br>30-Day Exter<br>GWIS remar |                      | om is needed us | se back of page): | Minimum Flow River List? (Y:\ Name of River Add name to the appropriate River Remarks or Related Files (Need)   | r Data Source:             |  |
|  |                      |                 |                   |   |                            |  |
|  |                      |                 |                   |   |                            |  |
|  |                      |                 |                   |   |                            |  |
|  |                      |                 |                   |   |                            |  |
| Section Mgr:                               | -                    | 19/12           |                   | Attachments:  Your Right to Be Heard  PTO appeal? No Your Right  BC, CC, PA forms  Water Measurement Requiren  Fish Screening Criteria  Other:  | nents                      |  |
| Mail out/da                                | te (Admin): 4,19.    | 12 8            | X                 | CEE DACK FOD FIIDTUF  | DINEODMATION               |  |

SEE BACK FOR FURTHER INFORMATION

| Remarks or Related Files (continued from front page): | R        | Reviewer comments & additional comments: |
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| GWIS remarks & edits (continued from front page):     |          |  |
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| CCs to anyone else? (Please list cc's & protests):    | _        |  |
| (Continued from front page)                           |          |  |
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| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |  |  |
|--|--|--|--|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature  X A C C Agent  Addresse  B. Received by ((Printed Name)  C. Date of Deliver  D. Is delivery address different from item 1? Yes |  |  |
| 1. Article Addressed to:  MERCER CANYONS INC ATTN: ROBERT MERCER 46 SONOVA RD  | If YES, enter delivery address below:   No   |  |  |
| PROSSER WA 99350 WR/gg BENT-11-17 (17 thru 23) CS4-01344(A)C@1   | 3. Service Type Certified Mail Registered Insured Mail C.O.D.  |  |  |
|  | 4. Restricted Delivery? (Extra Fee) ☐ Yes  |  |  |
| 2. Article Number 7010 0291  | 0000 7131 1101   |  |  |